TO LOWER LT. Let THE REPORT THE USE TO THE PROPERTY OF THE P

CHANGE OF CORRESPONDENCE ADDRESS Application

Commissioner of Patents PO Box 1450 Alexandria, VA 22314-1450 Fax (703)872-9306

Filing Date: First Named Inventor:	HORIUCHI		
Group Art Unit	3729		
Examiner:			
Attorney Docket No:	03183DIV		

Please change the Correspondence Address for the above identified patent application to:								
\boxtimes	Customer Number:	23338						
OR:						İ		
٥	im r Individual Name							
Addre								
Addre	55		State		Zip			
City			- Otto	<u> </u>				
Count Telepl				Fax				
i am the:								
l —	Applicant/Inventor	•						
LJ Application 14emor								
Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).								
×	- -							
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number								
Type Prints	d or ed Name Ira J. Sch	nultz						
Signa	ature One J Sen		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0900				
Date) ~D ~ ~ ~		Telephone (703)837			(s) are required.		
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.								
	former and additional	an Prod						
14.	"Total of forms are sub	mileo.						

Fax to: (703)872-9306